

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047245

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 4068 Registrar's No. 360

FILED DEC 16 1963

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|---------------------|--------------|--|------------|----------|
| VS 300 Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT |
| 1 0140 | | | | |
| 2 0140 | | | | |
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| 13 1-0 | | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

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|--|---|--|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Callaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Callaway | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mokane | | c. CITY OR TOWN Mokane | |
| Length of stay in 1b life | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION x x | | d. STREET ADDRESS (If outside, give location) none | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First James Middle Leland Last Bradley | | 4. DATE OF DEATH Month Dec. Day 9 Year 1963 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-21-04 |
| 9. AGE (last birthday) 59 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Attendant | | 10b. KIND OF BUSINESS OR INDUSTRY State Hospital Mokane, Mo. | |
| 11. BIRTHPLACE (City and state or country) U.S.A. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME James F. Bradley | | 13b. MOTHER'S MAIDEN NAME Zula Gilman | |
| 14. NAME OF HUSBAND OR WIFE none | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes ww 2 | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Mrs. Fred Blattner, Fulton, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death due to natural causes, Probably Coronary occlusion, according to the investigation made by Denzil C. Browning, Coroner Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Approx 1:00 P.M. to her and last saw him alive on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Martha Lawrence, Registrar | | 22b. ADDRESS Fulton, Mo. | |
| 22c. DATE SIGNED Dec 11-1963 | | 22d. LOCATION (City, town, or county) (State) Mokane, Mo. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-11-63 | 23c. NAME OF CEMETERY OR CREMATORY Mokane Cemetery | |
| 24. FUNERAL DIRECTOR ADDRESS Maupin Funeral Home, Fulton, Mo. | | 25. DATE RECD. BY LOCAL REG. Dec-11-1963 | |
| 26. REGISTRAR'S SIGNATURE Martha Lawrence | | | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.